

Type a plus sign (+) inside this box → 

0010/PTO U.S. Department of Commerce

Rev. 6/95 Patent and Trademark Office

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration OR  Declaration  
Submitted Submitted after  
with Initial Filing Initial Filing

|                          |                |
|--------------------------|----------------|
| Attorney Docket Number   | P163012        |
| First Named Inventor     | KERN, STEFAN   |
| <b>COMPLETE IF KNOWN</b> |                |
| Application Number       | 10/088,368     |
| Filing Date              | MARCH 14, 2002 |
| Group Art Unit           |                |
| Examiner Name            |                |

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BALANCING NETWORK

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

MARCH 14, 2002

as United States Application Number or PCT International

Application Number

10/088,368

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s)                                                                                                  | Country                  | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed                                                                                                                                                                                                         | Certified Copy Attached?                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                      |                          |                                  | YES                                                                                                                                                                                                                          | NO                                                                                                                                                                                                                                      |
| 19943954.0                                                                                                                           | Germany                  | September 14 1999                | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/> |
| PCT/BOO/01371                                                                                                                        | INTERNATIONAL            | Sep 13, 2000                     | <input type="checkbox"/>                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                |
| <input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.         |                          |                                  |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |
| I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below. |                          |                                  |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |
| Application Number(s)                                                                                                                | Filing Date (MM/DD/YYYY) |                                  | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.                                                                                             |                                                                                                                                                                                                                                         |
|                                                                                                                                      |                          |                                  |                                                                                                                                                                                                                              |                                                                                                                                                                                                                                         |

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Type a plus sign (+) inside this box 

## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

| U.S. Parent Application Number | PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number<br>(if applicable) |
|--------------------------------|-------------------|---------------------------------|-----------------------------------------|
|                                |                   |                                 |                                         |

Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named Inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name \_\_\_\_\_  Customer Number or label \_\_\_\_\_  
 OR \_\_\_\_\_  
 List attorney(s) and/or agent(s) name and registration number below:

| Name                         | Registration Number | Name | Registration Number |
|------------------------------|---------------------|------|---------------------|
| David B. Kirschstein, Esq.   | 17,244              |      |                     |
| Alan Israel, Esq.            | 27,564              |      |                     |
| Martin W. Schiffmiller, Esq. | 30,421              |      |                     |

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:  Customer Number or label \_\_\_\_\_  OR  Fill in correspondence address below

Name KIRSCHSTEIN, OTTINGER, ISRAEL & SCHIFFMILLER, P.C.

Address 489 Fifth Avenue

Address

City New York State New York ZIP 10017-6105

Country United States Telephone (212) 697-3750 Fax (212) 949-1690

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor

|            |               |                |  |             |             |                 |  |
|------------|---------------|----------------|--|-------------|-------------|-----------------|--|
| Given Name | <u>Stefan</u> | Middle Initial |  | Family Name | <u>KERN</u> | Suffix e.g. Jr. |  |
|------------|---------------|----------------|--|-------------|-------------|-----------------|--|

|                      |                   |      |                     |
|----------------------|-------------------|------|---------------------|
| Inventor's Signature | <u>X Stefan K</u> | Date | <u>5 April 2002</u> |
|----------------------|-------------------|------|---------------------|

|                 |                 |       |  |         |                |         |            |             |               |
|-----------------|-----------------|-------|--|---------|----------------|---------|------------|-------------|---------------|
| Residence: City | <u>Backnang</u> | State |  | Country | <u>Germany</u> | Citizen | <u>DEX</u> | Citizenship | <u>German</u> |
|-----------------|-----------------|-------|--|---------|----------------|---------|------------|-------------|---------------|

|                     |                                                        |  |  |  |  |  |  |  |
|---------------------|--------------------------------------------------------|--|--|--|--|--|--|--|
| Post Office Address | <u>Sulzbacher Strasse 131, 71522 Backnang, Germany</u> |  |  |  |  |  |  |  |
|---------------------|--------------------------------------------------------|--|--|--|--|--|--|--|

|                     |  |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|--|
| Post Office Address |  |  |  |  |  |  |  |  |
|---------------------|--|--|--|--|--|--|--|--|

|      |                 |       |  |     |              |         |                |                     |  |
|------|-----------------|-------|--|-----|--------------|---------|----------------|---------------------|--|
| City | <u>Backnang</u> | State |  | Zip | <u>71522</u> | Country | <u>Germany</u> | Applicant Authority |  |
|------|-----------------|-------|--|-----|--------------|---------|----------------|---------------------|--|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto |
|-------------------------------------------------------------------------------------------------------------------|

Type a plus sign (+) inside this box 

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

|                                                                                                                          |                                                          |                |     |                                                                               |         |                 |                     |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------|-----|-------------------------------------------------------------------------------|---------|-----------------|---------------------|
| Name of Additional Joint Inventor, if any:                                                                               |                                                          |                |     | <input type="checkbox"/> A petition has been filed for this unsigned inventor |         |                 |                     |
| Given Name                                                                                                               | Gregor                                                   | Middle Initial |     | Family Name                                                                   | GERHARD | Suffix e.g. Jr. |                     |
| Inventor's Signature                                                                                                     | <i>Gregor Gerhard</i>                                    |                |     |                                                                               | Date    | 5 APRIL<br>2002 |                     |
| Residence: City                                                                                                          | Murrhardt                                                | State          |     | Country                                                                       | Germany | DEX             | Citizenship British |
| Post Office Address                                                                                                      | Heinrich Von Zuegel-Strasse 15, 71540 Murrhardt, Germany |                |     |                                                                               |         |                 |                     |
| Post Office Address                                                                                                      |                                                          |                |     |                                                                               |         |                 |                     |
| City                                                                                                                     | Murrhardt                                                | State          | Zip | 71540                                                                         | Country | Germany         | Applicant Authority |
| Name of Additional Joint Inventor, if any:                                                                               |                                                          |                |     | <input type="checkbox"/> A petition has been filed for this unsigned inventor |         |                 |                     |
| Given Name                                                                                                               |                                                          | Middle Initial |     | Family Name                                                                   |         | Suffix e.g. Jr. |                     |
| Inventor's Signature                                                                                                     |                                                          |                |     |                                                                               | Date    |                 |                     |
| Residence: City                                                                                                          |                                                          | State          |     | Country                                                                       |         | Citizenship     |                     |
| Post Office Address                                                                                                      |                                                          |                |     |                                                                               |         |                 |                     |
| Post Office Address                                                                                                      |                                                          |                |     |                                                                               |         |                 |                     |
| City                                                                                                                     |                                                          | State          | Zip |                                                                               | Country |                 | Applicant Authority |
| Name of Additional Joint Inventor, if any:                                                                               |                                                          |                |     | <input type="checkbox"/> A petition has been filed for this unsigned inventor |         |                 |                     |
| Given Name                                                                                                               |                                                          | Middle Initial |     | Family Name                                                                   |         | Suffix e.g. Jr. |                     |
| Inventor's Signature                                                                                                     |                                                          |                |     |                                                                               | Date    |                 |                     |
| Residence: City                                                                                                          |                                                          | State          |     | Country                                                                       |         | Citizenship     |                     |
| Post Office Address                                                                                                      |                                                          |                |     |                                                                               |         |                 |                     |
| Post Office Address                                                                                                      |                                                          |                |     |                                                                               |         |                 |                     |
| City                                                                                                                     |                                                          | State          | Zip |                                                                               | Country |                 | Applicant Authority |
| Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor |                                                          |                |     |                                                                               |         |                 |                     |
| Given Name                                                                                                               |                                                          | Middle Initial |     | Family Name                                                                   |         | Suffix e.g. Jr. |                     |
| Inventor's Signature                                                                                                     |                                                          |                |     |                                                                               | Date    |                 |                     |
| Residence: City                                                                                                          |                                                          | State          |     | Country                                                                       |         | Citizenship     |                     |
| Post Office Address                                                                                                      |                                                          |                |     |                                                                               |         |                 |                     |
| Post Office Address                                                                                                      |                                                          |                |     |                                                                               |         |                 |                     |
| City                                                                                                                     |                                                          | State          | Zip |                                                                               | Country |                 | Applicant Authority |
| <input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto                   |                                                          |                |     |                                                                               |         |                 |                     |